

**FLORIDA DEPARTMENT OF STATE    DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Rosemary Palmer  
Name

(2) 5260 Pimlico Drive, Tallahassee, FL 32309  
Address (number and street)

\_\_\_\_\_  
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate (office sought): Leon County Superintendent of Schools

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 9/16/2006 To 9/29/2006 / \_\_\_\_\_ Report Type 06-G2

Original     Amendment     Special Election Report     Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks    \$ \_\_\_\_\_ 0.00

Loans    \$ \_\_\_\_\_ 0.00

Total Monetary    \$ \_\_\_\_\_ 0.00

In-Kind    \$ \_\_\_\_\_ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures    \$ \_\_\_\_\_ 539.77

Transfers to Office Account    \$ \_\_\_\_\_ 0.00

Total Monetary    \$ \_\_\_\_\_ 539.77

(8) Other Distributions    \$ \_\_\_\_\_ 0.00

**(9) TOTAL Monetary Contributions To Date**

\$ \_\_\_\_\_ 11,425.00

**(10) TOTAL Monetary Expenditures To Date**

\$ \_\_\_\_\_ 9,102.98

**(11) CERTIFICATION**

**It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)**

I certify that I have examined this report and it is true, correct, and complete.

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(Type name) \_\_\_\_\_  
 Individual (only for electioneering commun.)     Treasurer     Deputy Treasurer

(Type name) \_\_\_\_\_  
 Candidate     Chairperson (only for PC, PTY & electioneering commun. organization)

**X** \_\_\_\_\_  
Signature

**X** \_\_\_\_\_  
Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Rosemary Palmer (2) I.D. Number 134

9/16/2006 through 9/29/2006

(3) Cover Period      /      /      through      /      /      (4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type      Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Rosemary Palmer

(2) I.D. Number 134

(3) Cover Period 9/16/2006 through 9/29/2006

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
9/20/2006 / /	People in the Community, P. O. Box 6331 Tallahassee, FL 32314-6331	advertisi ng	MO		\$539.77
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